

FILED  
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APR 19 2013

KATHLEEN MORAN  
COLUSA COUNTY CLERK-RECORDER

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
A PUBLIC DOCUMENT  
FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
Carter Denise  
2013 APR 22 AM 9:01

**1. Office, Agency, or Court**

Agency Name  
Board of Supervisors  
Division, Board, Department, District, if applicable  
District V  
Your Position  
Supervisor

► If filing for multiple positions, list below or on an attachment.

Agency: See Attached Position: See Attached

**2. Jurisdiction of Office (Check at least one box)**

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Colusa
- Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

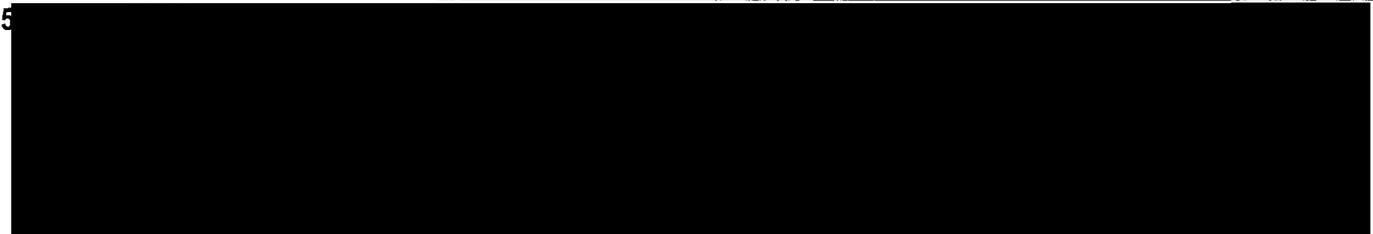
- Annual:** The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate:** Election Year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
- None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge that the information provided is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4-9-13  
(month, day, year)

Attachment

Denise J. Carter

If filing for multiple positions, list on an attachment



<u>AGENCY</u>	<u>POSITION</u>
CSAC Excess Insurance Authority (CSAC-EIA)	Board member
Local Agency Formation Commission (LAFCo)	Board member
Children and Families Commission/First 5	Board member
Trindel Insurance Fund	Board member
Colusa County Partnership/One-Stop	Board member



**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
 Regional Council of Rural Counties(RCRC)

ADDRESS (Business Address Acceptable)  
 1215 K Street, Suite 1650

CITY AND STATE  
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 144.47  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
 Meeting with staff-\$89.33 and Officer Installation on 1/18/12-\$55.14

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

**Filer's Verification**

Print Name Denise J. Carter

Office, Agency or Court Board of Supervisors

Statement Type  2012/2013 Annual  Assuming  Leaving  
 \_\_\_\_ Annual  Candidate  
 (yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/10/13  
 (d)(5)

Filer's \$

Comments: \_\_\_\_\_

2012 DELEGATE EXPENSE



County:	Colusa
Delegate:	D. Carter

<u>Meals provided at meetings:</u>	<u>Amount</u>
Prior year expenses pd in 2012	
RCRC Board Meeting: 1/18/12	
RCRC Board Officer Meeting: 1/19/12	
MOA Meeting: 2/24/12	
Executive Committee Meeting: 2/22/12	
RCRC Board Meeting: 3/14/12	
ESJPA Board Meeting: 3/15/12	
RCRC Board Meeting (Colusa): 4/19/12	
Executive Committee Meeting: 5/23/12	
RCRC Board Meeting: 6/13/12	
ESJPA Board Meeting: 6/14/12	
Executive Committee Meeting: 8/1/12	
RCRC Board Meeting: 8/15/12	
ESJPA Board Meeting: 8/16/12	
RCRC Board Meeting (Annual Conference): 9/21/12	
Executive Committee Meeting: 10/17/12	
ESJPA Board Meeting: 10/18/12	
Executive Committee Meeting: 11/14/12	
RCRC Board Meeting: 12/5/12	
ESJPA Board Meeting: 12/6/12	
<hr/>	
<u>Expense Reimbursements:</u>	To Delegate:
	To County for Delegate:
<u>Expenses paid by RCRC on behalf of Supervisor:</u>	
Meetings with Staff:	89.33
Officer Installation: 1/18/12	55.14
NACo Legislative Meeting: 3/3-7/12	
CSAC Registration:	
Colusa Dinner: 4/18/12	
NACo WIR Registration: 5/16-18/12	
NACo Meals with Staff: 5/16-18/12	
NACo Travel 7/13-17/12	
NACo Annual Meeting Meals with Staff: 7/13-17/12	
NACo Annual Meeting	
Total Expenses:	<b>144.47</b>



**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
 Official Use Only

RECEIVED  
 FAIR POLITICAL PRACTICES COMMISSION  
 COVER PAGE

**FILED**

Please type or print in ink.

NAME OF FILER (LAST) Carter (FIRST) Denise 2013 APR 2 PM 2:27 MAR 12 2013 (MIDDLE) J. KATHLEEN MORAN

**1. Office, Agency, or Court** **COLUSA COUNTY CLERK-RECORDER**

Agency Name Board of Supervisors  
 Division, Board, Department, District, if applicable District V Your Position Board Member District V

▶ If filing for multiple positions, list below or on an attachment.

Agency: see attached Position: Board member

**2. Jurisdiction of Office** (Check at least one box)

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Colusa
- Other \_\_\_\_\_

**3. Type of Statement** (Check at least one box)

- Annual:** The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

- Check applicable schedules or "None." ▶ Total number of pages including this cover page: 6
- Schedule A-1 - Investments** – schedule attached
  - Schedule A-2 - Investments** – schedule attached
  - Schedule B - Real Property** – schedule attached
  - Schedule C - Income, Loans, & Business Positions** – schedule attached
  - Schedule D - Income – Gifts** – schedule attached
  - Schedule E - Income – Gifts – Travel Payments** – schedule attached
  - or-
  - None - No reportable interests on any schedule**



herein and in any attached schedules is true and complete. I acknowledge that the information provided is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided is true and complete.

Date Signed 3-11-13  
 (month, day, year)



Attachment

Denise J. Carter

If filing for multiple positions, list on an attachment

<u>AGENCY</u>	<u>POSITION</u>
CSAC Excess Insurance Authority (CSAC-EIA)	Board member
Local Agency Formation Commission (LAFCo)	Board member
Children and Families Commission/First 5	Board member
Trindel Insurance Fund	Board member
Colusa County Partnership/One-Stop	Board member



**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_  
 Denise Carter

**▶ 1. BUSINESS ENTITY OR TRUST**

**Benden Farms**  
 Name \_\_\_\_\_  
**P.O. Box 212, Colusa, CA 95932**  
 Address (Business Address Acceptable) \_\_\_\_\_  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
**Farming**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION Co-Owner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None  
**SEE ATTACHED**

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_  
 Address (Business Address Acceptable) \_\_\_\_\_  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

# SCHEDULE A-2

Attachment

Name  
Denise Carter

## LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE

BUSINESS ENTITY OR TRUST
Benden Farms
Lundberg Family Farms
Sunwest Foods
Eden Foods
Colusa Milling
Sakata Seed
Amy's Kitchen
Seeds by Design
Terra Organics
D&D Hay Sales

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name  
 Denise Carter

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 4620 River Road

CITY  
 Colusa, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /    /12      DISPOSED     /    /12

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None  
 Benden Farms  
 Carter Land & Livestock  
 KC Ag

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED     /    /12      DISPOSED     /    /12

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_

